

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MARY CARIOLA CHILDRENS CENTER, INC.</u></p> <p><u>1000 ELMWOOD AVENUE</u> <u>SUITE 100</u> <u>ROCHESTER, NY 14620</u></p>	<p>1c Effective date of plan <u>10/01/1959</u></p> <p>2b Employer Identification Number (EIN) <u>16-0771078</u></p> <p>2c Plan Sponsor's telephone number <u>585-271-0761</u></p> <p>2d Business code (see instructions) <u>624100</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	KAREN ZANDI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor MARY CARIOLA CHILDRENS CENTER, INC. 1000 ELMWOOD AVENUE SUITE 100 ROCHESTER, NY 14620-3093	3b Administrator's EIN 16-0771078 3c Administrator's telephone number 585-271-0761
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	274
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	60
a(2) Total number of active participants at the end of the plan year	6a(2)	58
b Retired or separated participants receiving benefits.....	6b	75
c Other retired or separated participants entitled to future benefits	6c	135
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	268
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	268
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MARY CARIOLA CHILDRENS CENTER, INC.</u>	D Employer Identification Number (EIN) <u>16-0771078</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>11004117</u>
	b Actuarial value	2b	<u>11169620</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>60</u>	<u>6280314</u>
	b For terminated vested participants	<u>153</u>	<u>5433843</u>
	c For active participants	<u>61</u>	<u>3345105</u>
	d Total	<u>274</u>	<u>15059262</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.19 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>09/15/2025</u> Date
	<u>ROBERT H. DANESH</u> Type or print name of actuary	<u>23-06374</u> Most recent enrollment number
	<u>HARPER DANESH LLC</u> Firm name	<u>585-319-4218</u> Telephone number (including area code)
	<u>399 ALEXANDER STREET ROCHESTER, NY 14607</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>15.31</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		115201
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.35</u> %		6163
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		121364
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	74.14 %
15	Adjusted funding target attainment percentage	15	74.14 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	71.57 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
01/10/2024	76000	0					
04/10/2024	91000	0					
06/18/2024	147693	0					
10/08/2024	91000	0					
04/28/2025	2000000	0					
			Totals ▶	18(b)	2405693	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2230578	
20	Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 0
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	3894738		402604	
b Waiver amortization installment				
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 402604
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35)				36 402604
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 2230578
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 1827974
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARY CARIOLA CHILDRENS CENTER, INC.	D Employer Identification Number (EIN) 16-0771078	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

QCI ASSET MANAGEMENT INC.

1040 PITTSFORD-VICTOR ROAD
PITTSFORD, NY 14534

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	41239	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
 (complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MARY CARIOLA CHILDRENS CENTER, INC.	D Employer Identification Number (EIN) 16-0771078

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	200000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	270103	854535
(2) U.S. Government securities	1c(2)	2206009	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1073672	1078731
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3143456	3048170
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4224925	6353886
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	85952	87002

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	11004117	13422324
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11004117	13422324

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2405693	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2405693
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	126936	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		126936
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	192335	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		192335
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2155173	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1623241	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		531932
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		199092
d Total income. Add all income amounts in column (b) and enter total.....	2d		3455988

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	988897	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		988897
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	7645	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	41239	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		48884
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1037781

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2418207
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BONADIO & CO., LLP**

(2) EIN: **16-1131146**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 541028.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARY CARIOLA CHILDRENS CENTER, INC.</u>	D Employer Identification Number (EIN) <u>16-0771078</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
---	----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 16-0771078

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>6</u>
--	----------	----------

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501783A.

**RETIREMENT PLAN FOR EMPLOYEES OF
MARY CARIOLA CHILDREN'S CENTER, INC.**

**Financial Statements
as of December 31, 2024 and 2023
Together with
Independent Auditor's Report**

INDEPENDENT AUDITOR'S REPORT

October 15, 2025

To the Plan Administrator of the
Retirement Plan for Employees of Mary Cariola Children's Center, Inc.:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the Retirement Plan for Employees of Mary Cariola Children's Center, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at year end) as of December 31, 2024 (Schedule I) and the schedule of reportable transactions for the year ended December 31, 2024 (Schedule II) are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Other Matter - Supplemental Schedules Required by ERISA (Continued)

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
INVESTMENTS, at fair value:		
Money market funds	\$ 854,535	\$ 270,103
Mutual funds and exchange traded funds (ETFs)	4,141,339	4,224,925
Common stocks	3,048,171	3,143,456
U.S. Government and agency debentures	1,645,987	1,587,427
Corporate bonds and debentures	895,078	847,434
Mortgage backed securities	<u>837,214</u>	<u>930,772</u>
	<u>11,422,324</u>	<u>11,004,117</u>
RECEIVABLES:		
Employer contribution	<u>2,000,000</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 13,422,324</u>	<u>\$ 11,004,117</u>

The accompanying notes are an integral part of these statements.

RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Net appreciation in fair value of investments	\$ 731,024	\$ 1,237,074
Interest and dividends	319,271	284,272
Employer contributions	2,405,693	564,385
Other income	<u>-</u>	<u>242</u>
Total additions	<u>3,455,988</u>	<u>2,085,973</u>
DEDUCTIONS:		
Benefit payments	988,897	695,032
Administrative expenses	<u>48,884</u>	<u>48,151</u>
Total deductions	<u>1,037,781</u>	<u>743,183</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	2,418,207	1,342,790
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>11,004,117</u>	<u>9,661,327</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 13,422,324</u>	<u>\$ 11,004,117</u>

The accompanying notes are an integral part of these statements.

RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following brief description of the Retirement Plan for Employees of Mary Cariola Children's Center, Inc. (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering eligible employees of the Mary Cariola Children's Center, Inc. (the Center). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was frozen effective May 31, 2006. As a result, no accrual of benefits for services rendered subsequent to that date will occur and employees hired after this date are not eligible to participate in the Plan, however active participating employees continue to vest in their existing benefits.

Contributions

Contributions to the Plan from the Center are accrued based upon amounts required to be funded under provisions of the ERISA or, if greater, amounts actually contributed for the year. The Plan has met the ERISA minimum funding requirements in 2024 and 2023.

Vesting

Benefits vest at 20% upon completion of three years of services, increased by 20% each year of service to 100% fully vesting in year seven.

Payment of Benefits

Vested employees are entitled to annual pension benefits at normal retirement age based on final average earnings, years of credited service and social security average annual wages, subject to the terms of the freezing of the Plan. Annuity payments are subject to annual adjustments to reflect increases in cost of living, limited to 6% annually. Should the cost of living decrease, annuity payments will remain the same. Early retirement between the ages of 55 and 65 is permitted. On termination of service or attainment of normal retirement age of 65, a participant will receive an amount equal to the vested value of his or her account. If the total vested amount of the terminated participant's account exceeds \$5,000, the participants may elect to receive this amount in either a single sum of the entire balance or a portion of the balance or in monthly, quarterly, annual, or in annuity payments. Vested amounts less than \$5,000 are paid by lump-sum. Upon reaching normal retirement age, if a participant continues to be employed by the Center, he or she shall continue to participate in the Plan to the extent eligible. If an active employee dies at age 55 or older, a death benefit equal to the amount the employee would have received had the employee retired the day before death is payable to the employee's beneficiary.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Center, as provided by the Plan document. Expenses that are paid directly by the Center are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the statements of changes in net assets available for benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' years of credited service and applicable benefit rates as calculated and provided by the Plan. Benefits payable under all circumstances (retirement, death and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Investment Valuation and Income Recognition

Investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both realized and unrealized gains and losses on those investments.

Risks and Uncertainties

The Plan invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions and the actuarial present value of accumulated Plan benefits are projected based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to the uncertainties inherent in this process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Fair Value of Financial Instruments

Accounting Standards Codification (ASC) 820 framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The hierarchy is broken down into three levels based on the reliability of inputs as follows:

- Level 1 Inputs - Valuations are based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Valuation adjustments are not applied to Level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

The Plan's investments in money market funds, mutual funds and ETFs, and common stocks are primarily valued utilizing Level 1 inputs.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value of Financial Instruments (Continued)

- Level 2 Inputs - Valuations are based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

The Plan's investments in US government and agency obligations, corporate bonds and debentures, and mortgage-backed securities are primarily valued utilizing Level 2 inputs.

- Level 3 Inputs - Valuations are based on inputs that are unobservable and significant to the overall fair value measurement.

The Plan has no investments valued utilizing Level 3 inputs.

There have been no changes in the methodology used at December 31, 2024 and 2023.

Benefit Payments

Benefit payments are recorded when paid.

Estimates

The preparation of financial statements in accordance with GAAP requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and notes. Actual results could differ from those estimates.

3. CERTIFIED INVESTMENT INFORMATION

The following information was certified as complete and accurate by Charles Schwab Trust Bank, the Plan's custodian, and is included in the financial statements and supplemental schedule as of December 31:

	<u>2024</u>	<u>2023</u>
Total investments	\$ <u>11,422,324</u>	\$ <u>11,004,117</u>
Net appreciation in fair value of investments	\$ <u>731,024</u>	\$ <u>1,237,074</u>
Interest and dividends	\$ <u>319,271</u>	\$ <u>284,272</u>
Schedule of Assets (Held at End of Year)	Schedule I	
Schedule of Reportable Transactions	Schedule II	

4. FAIR VALUE MEASUREMENTS

The Plan's assets at fair value, within the fair value hierarchy, are as follows at December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 854,535	\$ -	\$ -	\$ 854,535
Mutual funds and ETFs	4,141,339	-	-	4,141,339
Common stocks	3,048,171	-	-	3,048,171
US Government and agency obligations	-	1,645,987	-	1,645,987
Corporate bonds and debentures	-	895,078	-	895,078
Mortgage-backed securities	-	<u>837,214</u>	-	<u>837,214</u>
	<u>\$ 8,044,045</u>	<u>\$ 3,378,279</u>	<u>\$ -</u>	<u>\$11,422,324</u>

The Plan's assets at fair value, within the fair value hierarchy, are as follows at December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 270,103	\$ -	\$ -	\$ 270,103
Mutual funds and ETFs	4,224,925	-	-	4,224,925
Common stocks	3,143,456	-	-	3,143,456
US Government and agency obligations	-	1,587,427	-	1,587,427
Corporate bonds and debentures	-	847,434	-	847,434
Mortgage-backed securities	-	<u>930,772</u>	-	<u>930,772</u>
	<u>\$ 7,638,484</u>	<u>\$ 3,365,633</u>	<u>\$ -</u>	<u>\$11,004,117</u>

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions used in the valuation as of January 1, 2024 (beginning of year) are as follows:

Mortality:	Active and retired lives - the Pri-2012 Mortality Table with generational improvements using Scale MP-2021 as prescribed by the IRS.
Retirement:	Normal retirement age (age 65), or the age on the valuation date, if later.
Discount rate:	6.50% compounded annually
Salary increase:	0%

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The actuarial present value of accumulated Plan benefits consisted of the following at January 1, 2024:

Vested benefits:	
Active participants	\$ 3,004,969
Participants receiving benefits	5,632,630
Other vested benefits	<u>4,609,421</u>
	13,247,020
Non-vested benefits	<u>4,274</u>
Total actuarial present value of accumulated Plan benefits	<u>\$ 13,251,294</u>

Changes in the actuarial present value of accumulated Plan benefits were as follows for the year ended January 1, 2024:

Actuarial present value of accumulated Plan benefits - beginning of year	\$ 12,938,466
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	(51,586)
Interest	818,412
Benefits paid	(695,032)
Benefits accumulated	<u>241,034</u>
Actuarial present value of accumulated Plan benefits - end of year	<u>\$ 13,251,294</u>

6. TAX STATUS

The Plan adopted a volume submitter plan offered by Mary Cariola Children's Center Inc. The volume submitter plan received an IRS Determination Letter dated May 30, 2002, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since the date of the IRS Determination Letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the trustees of the Plan have the right to terminate the Plan at any time, subject to the provisions of ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, to provide the following benefits in the order indicated:

- a. That portion of the participant's accrued benefit which is derived from participant contributions made to the Plan, if any.
- b. Equally among retired participants and their beneficiaries to whom payment commenced at least three years prior to date of termination, and participants who could have retired and received payment of their benefits at least three years prior to the date of termination.
- c. All benefits guaranteed and insured by the Pension Benefit Guaranty Corporation (PBGC).
- d. All other vested accrued benefits not insured by PBGC.
- e. All other accrued benefits under the Plan.

8. RECONCILIATION TO FORM 5500

Certain items have been classified differently between the financial statements and the Form 5500. Net assets available for benefits and changes in net assets available for benefits per the financial statements agreed to Form 5500 in total as of December 31, 2024 and 2023 and for the years ended December 31, 2024 and 2023.

9. PARTIES-IN-INTEREST

Since Charles Schwab Trust Bank perform services for the Plan, transactions in investments sponsored by related organizations are considered party-in-interest transactions, which are exempt from prohibited transaction rules. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 15, 2025, which is the date the financial statements were available to be issued.

RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.
EMPLOYER IDENTIFICATION NUMBER 16-0771078
PLAN NO. 001
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or <u>Similar Party</u>	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral <u>Par or Maturity Value</u>	(d) <u>Cost</u>	(e) Current <u>Value</u>
MONEY MARKET FUNDS:				
*	Charles Schwab Bank	Money market fund	\$ 54,777	\$ 54,777
	Schwab Government Money Fd Inv Shares	Money market fund	<u>799,758</u>	<u>799,758</u>
			<u>854,535</u>	<u>854,535</u>
U.S. GOVERNMENT AND AGENCY DEBENTURES:				
	Federal Farm Credit Bank	\$165,000; 4.300%; Due 11/24/28	211,055	164,185
	Federal Farm Credit Bank	\$160,000; 4.750%; Due 1/16/29	210,670	161,822
	Federal Home Loan Bank	\$150,000; 5.000%; Due 9/28/29	-	153,425
	U.S. Treasury Bond	\$180,000; 6.25% Due 5/15/30	259,056	195,300
	U.S. Treasury Notes	\$390,000; 1.875%; Due 2/15/32	346,539	328,206
	U.S. Treasury Notes	\$250,000; 1.625%,	255,560	210,977
	U.S. Treasury Notes	\$265,000; 3.5%; Due 2/15/33	260,225	246,616
	US Treasury	100,000.000; 4.5%; Due 5/15/38	102,521	98,453
	New York State Env	\$40,000; 3.066%; Due 6/15/26	44,187	39,305
	New York State Urb Dev Co	\$50,000; 3.320%; Due 3/15/29	<u>55,720</u>	<u>47,698</u>
			<u>1,745,533</u>	<u>1,645,987</u>
MORTGAGE BACKED SECURITIES:				
	Fannie Mae	\$150,000; 6.625%; Due 11/15/30	233,058	165,759
	FHLMC SD8090	\$155,724.450; 2.000%; Due 9/01/50	161,025	122,246
	FNMA Pool AY1320	\$21,915.330; 3.000%; Due 3/01/35	-	20,068
	FNMA Pool MA4136	\$143,369,310; 2.000%; Due 9/01/50	147,202	109,740
	FNMA Pool 255111	\$767.140; 5.500%; Due 3/01/34	-	774
	FNMA Pool 555591	\$653.940; 5.500%; Due 7/01/33	54,043	661
	FNMA Pool 806675	\$5,311.020; 5.500%; Due 12/01/34	-	5,445
	Freddie Mac	\$205,000.000; 6.7%	294,255	228,497
	GNMA Pool 482764	\$76.270; 6.500%; Due 10/15/28	-	77
	GNMA Pool 780570	\$57.820; 7.000%; Due 5/15/2027	-	58
	GNMA Pool 781276	\$227.080; 6.500%; Due 4/15/31	-	234
	Fannie Mae	\$13,513.030; 1.250%; Due 3/25/43	91,144	10,844
	Federal National Mortgage	\$22,428.110; 1.250%; Due 4/25/43	-	17,766
	FNMA REMIC Trust 2006-36	\$590.780; 0.000%; Due 5/25/36	-	524
	FNMA REMIC Trust 2013	\$5,832.85; 2.500%; Due 12/25/42	-	4,367
	GNMA	\$177,639.600; 1.500%; Due 1/20/51	180,390	131,187
	GNMA REMIC Trust 2006-26	\$1,828.560; 0.000%; Due 6/20/26	-	1,508
	GNMA REMIC Trust 2012-98	\$18,525.340; 0.000%; Due 01/01/98	<u>72,585</u>	<u>17,459</u>
			<u>1,233,702</u>	<u>837,214</u>

(Continued)

RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.

EMPLOYER IDENTIFICATION NUMBER 16-0771078

PLAN NO. 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FOR THE YEAR ENDED DECEMBER 31, 2024

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
CORPORATE BONDS AND OBLIGATIONS:				
	Anheuser-Busch	\$50,000; 4.000%; Due 4/13/28	53,999	49,115
	Apple Inc.	\$60,000; 2.200%; Due 9/11/29	59,386	53,847
	AT&T Inc.	\$30,000; 4.300%; Due 2/15/30	35,718	29,001
	Bank of America	\$50,000; 0.000%; Due 2/5/26	50,676	50,052
	Blackrock Inc.	\$20,000; 3.250%; Due 4/30/29	22,910	18,872
	Comcast Corporation	\$30,000; 3.1500%; Due 2/15/28	33,009	28,588
	CVS Health Corp	\$25,000; 3.625%; Due 4/1/27	27,779	24,230
	General Mills Inc.	\$30,000; 4.200%; Due 4/17/28	35,985	29,376
	JPMorgan Chase	\$55,000; 3.625%; Due 12/01/27	58,119	53,418
	Key Corp	\$30,000; 4.150%; Due 01/01/25	34,612	29,831
	Microsoft Corp.	\$15,000; 3.300%; Due 2/06/27	17,301	14,681
	Norfolk Southern	\$30,000; 2.550%; Due 01/01/29	29,577	27,047
	Pepsi Co.	\$50,000; 3.900%; Due 7/18/32	48,120	46,718
	Southern Company	\$60,000; 3.250%; Due 7/01/26	62,263	58,708
	Stryker Corp	\$75,000; 1.950%; Due 01/01/30	63,910	64,290
	The Home Depot	\$30,000; 2.500%; Due 4/15/27	33,221	28,710
	US Bankcorp	\$30,000; 3.100%; Due 4/27/26	33,567	29,311
	Unitedhealth Group	\$50,000; 4.200%; Due 5/15/32	48,109	46,790
	Verizon Communications	\$60,000; 4.329%; Due 9/21/28	71,331	58,773
	VISA Inc.	\$50,000; 2.750%; Due 9/15/27	51,979	47,850
	Walt Disney Co.	\$50,000; 1.850%; Due 7/30/26	49,551	47,939
	Wells Fargo & Co.	\$60,000; 4.150%; Due 1/24/29	64,688	57,931
			985,810	895,078
MUTUAL FUNDS AND EXCHANGE TRADED FUNDS (ETFS):				
	Vanguard Core Bond Admiral Shares	7,829.993 shares	168,227	138,591
	Vanguard GNMA Fund Admiral Shares	93,287.348 shares	933,736	850,781
	First Trust Preferred Sec Income ETF	9,584.000 shares	178,009	169,637
	iShares Core S&P Midcap Index	8,656.000 shares	330,996	539,355
	iShares Core S&P SmallCap Index	4,489.000 shares	343,125	517,223
	iShares iBoxx Invnt Grade Corp Bd Fund	2,830.000 shares	389,225	302,357
	iShares MSCI ACWI ETF	18,850.000 shares	857,252	983,216
	JP Morgan Chase Financial	7,500.000 shares	209,250	221,325
	SPDR Gold Shares EFT	933.000 shares	165,844	225,907
	Vanguard Real Estate ETF	2,166.000 shares	172,141	192,947
			3,747,805	4,141,339

(Continued)

RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.

EMPLOYER IDENTIFICATION NUMBER 16-0771078

PLAN NO. 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FOR THE YEAR ENDED DECEMBER 31, 2024

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
COMMON STOCK:				
	Abbott Laboratories	424.000 shares	43,631	47,959
	Air Prods & Chems Inc	226.000 shares	56,379	65,549
	Alphabet Inc - CL C	605.000 shares	48,676	115,216
	Amazon Inc.	905.000 shares	125,345	198,546
	Amgen Inc.	231.000 shares	56,821	60,208
	Anglo Amern PLC ADS	4,660.000 shares	77,202	68,735
	Apple Com Inc.	759.000 shares	86,281	190,069
	Bank of America Corp	1,903.000 shares	47,693	83,637
	Berkshire Hathaway Inc. - CL B	176.000 shares	34,012	79,777
	Boeing Co.	683.000 shares	118,921	120,891
	Chevron Corporation	236.000 shares	25,644	34,182
	Chubb Ltd.	171.000 shares	24,224	47,247
	Constellation Brands Inc. - A	228.000 shares	42,883	50,388
	Crowdstrike Hldgs In	109.000 shares	24,136	37,295
	Devon Energy Corp	1,862.000 shares	86,838	60,943
	Eaton Corporation plc	250.000 shares	48,308	82,968
	Exxon Mobil Corp.	322.000 shares	18,605	34,638
	General Dynamics Corp.	154.000 shares	23,072	40,577
	Goldman Sachs Group Inc.	93.000 shares	29,886	53,254
	Home Depot Inc.	127.000 shares	35,256	49,402
	Intuitive Surgical	147.000 shares	29,388	76,728
	JP Morgan Chase & Co.	211.000 shares	21,173	50,579
	Johnson & Johnson	500.000 shares	75,675	72,310
	Mastercard Inc. - A	133.000 shares	42,034	70,034
	McDonald's Corp.	204.000 shares	42,013	59,138
	Microsoft Corp	403.000 shares	90,553	169,865
	Nextera Energy Inc.	801.000 shares	55,122	57,424
	Nvidia Corp.	675.000 shares	9,820	90,646
	Palo Alto Networks	257.000 shares	22,389	46,764
	Pepsico Inc.	267.000 shares	37,726	40,600
	PNC Financial Services Group	280.000 shares	30,731	53,998
	Proctor and Gamble Co.	346.000 shares	44,007	58,007
	ServiceNow Inc.	91.000 shares	40,569	96,471
	TJX Companies Inc.	386.000 shares	21,259	46,633
	Taiwan Semiconductor MFG Co	154.000 shares	16,384	30,413
	Terex Corp.	961.000 shares	51,346	44,417
	Tesla Motors Inc	276.000 shares	54,051	111,460
	Unitedhealth Group Inc	147.000 shares	72,378	74,361
	Universal Display Group	129.000 shares	21,026	18,860
	Wal-Mart Stores Inc.	830.000 shares	38,485	74,991
	Walt Disney Co.	742.000 shares	81,717	82,622
	Wells Fargo & Co.	856.000 shares	45,996	60,125
	Zoetis Inc.	247.000 shares	40,184	40,244
			2,037,839	3,048,171
			\$ 10,605,224	\$ 11,422,324

The accompanying notes are an integral part of these schedules.

RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.

EMPLOYER IDENTIFICATION NUMBER 16-0771078

PLAN NO. 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u>	Purchase/ <u>Sale</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
<u>I. Single Transaction in Excess of 5% of Plan Assets</u>							
Schwab Government Money FD Inv SHS	Money market fund	Purchases	\$ 750,000	\$ -	\$ 750,000	\$ 750,000	\$ -
<u>II. Series of Transactions not involving securities with the same person</u>							
None.							
<u>III. Series of Transactions in Same Security Exceeds 5% of Value</u>							
Schwab Government Money FD Inv SHS	Money market fund	Purchases	\$ 1,158,729	\$ -	\$ 1,158,729	\$ 1,158,729	\$ -
<u>IV. Series of Transactions with or in Conjunction with the Same Person with whom any Prior Single 5% Security Transaction Took Place</u>							
None.							

The accompanying notes are an integral part of these schedules.

Attachment to 2024 Form 5500 Schedule SB
 Plan: Retirement Plan for Employees of Mary Cariola Children’s Center, Inc.
 EIN/PN: 16-0771078/001

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service as of January 1, 2024										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25											0
25 to 29											0
30 to 34											0
35 to 39											0
40 to 44		6									6
45 to 49		6	4	1							11
50 to 54		1	5	7	2						15
55 to 59		4	5	1	6						16
60 to 64		3	1		2	3	1				10
65 to 69						1					1
70 & up				1							1
Total		20	15	10	10	4	1				60

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Discount rate elections	Segment rates with four-month lookback		
		<u>ARPA</u>	<u>PPA</u>
	1 st segment rate	4.75%	3.62%
	2 nd segment rate	4.87%	4.46%
	3 rd segment rate	5.59%	4.52%
Mortality elections	2024 PPA static annuitant and nonannuitant mortality tables		
Salary increases	N/A		
SS taxable wage base increases	N/A		
Disability	None assumed		
Withdrawal	2003 Society of Actuaries Small Plan Age Table to age 55; none thereafter		
	See table of sample rates:		
	<u>Age</u>	<u>Withdrawal</u>	
	20	17.46%	
	25	18.51	
	30	12.19	
	35	8.78	
	40	7.00	
	45	6.21	
	50	5.63	
	55	-	
Expenses	The employer pays administrative expenses		
Retirement age	Normal Retirement Age or age on valuation date, if later		
Percentage married	<ul style="list-style-type: none"> • Males – 100% • Females – 100% 		
Age difference	A male is assumed to be three years older than his spouse.		

Attachment to 2024 Form 5500 Schedule SB

Plan: Retirement Plan for Employees of Mary Cariola Children's Center, Inc.

EIN/PN: 16-0771078/001

Form of payment

For current active participants, 50% are assumed to elect a single life annuity and 50% are assumed to elect a lump sum;
For current terminated vested participants, single life annuity

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Asset valuation method

We used financial data submitted by the trustee as of January 1, 2024 without further audit. Customarily, this data would not be verified by a plan's actuary. We have reviewed the information for internal consistency and reasonableness and have no reason to doubt its substantial accuracy.

The asset valuation method is an annual average of the adjusted market value for each of the immediately preceding two years. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in Section 430. A characteristic of this asset valuation method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than market.

Participants included in the valuation

Participant data was supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Only those employees who have met the eligibility requirements of the plan are included in the valuation of liabilities.

No liability is included for nonvested participants who terminate prior to the valuation date. Participants with a break in service on the valuation date are treated as terminated vested participants.

Benefits included or excluded in the valuation

Unless noted below, all benefits provided by the plan are included in the valuation:

- Plan amendments – Amendments adopted after the valuation date are excluded from the valuation.
- Scheduled benefit increases – Scheduled benefit increases (such as cost-of-living increases) effective after the end of the current plan year are excluded from minimum funding requirements.
- Late retirement increases – Accrued benefits are actuarially increased for retirements beginning after normal retirement age.
- Shutdown benefits – We are not aware of any actions that would create shutdown benefits; therefore, they are excluded.
- IRC Section 415(b) – The limitations of IRC Section 415(b) have been incorporated into our calculations.
- Benefit restrictions – Benefit restrictions (if applicable) are ignored in this valuation.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan sponsor elections

Shortfall amortizations

- ARPA – the plan sponsor has elected to apply the ARPA shortfall amortization provisions beginning with the 2021 plan year

Funding interest rate

- Segment rates with four-month lookback
- ARPA – the plan sponsor has elected to apply the ARPA interest rate provisions beginning with the 2021 plan year

Mortality

- PPA static table for annuitants and nonannuitants

Asset method

- Average value
- 2-year averaging period
- Annual frequency

Valuation of lump sums based on 417(e) assumptions

- Interest rate is rate used for funding target, without adjustment
- Mortality table is the 417(e) mortality table applicable to the current year

Actuarial cost method

The actuarial cost method used for minimum funding calculations is known as the traditional unit credit method. The objective under this method is to fund each participant's benefits as they are earned under the plan.

A participant's **accrued liability** is the present value of these benefits based on Credited Service and average pay as of the beginning of the plan year. A participant's **normal cost** is the present value of the benefit earned in the current plan year. The plan's **target normal cost** is the sum of the individual normal costs, and the plan's **funding target liability** is the sum of the accrued liabilities for all participants under the plan.

RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.

EMPLOYER IDENTIFICATION NUMBER 16-0771078

PLAN NO. 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u>	Purchase/ <u>Sale</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
<u>I. Single Transaction in Excess of 5% of Plan Assets</u>							
Schwab Government Money FD Inv SHS	Money market fund	Purchases	\$ 750,000	\$ -	\$ 750,000	\$ 750,000	\$ -
<u>II. Series of Transactions not involving securities with the same person</u>							
None.							
<u>III. Series of Transactions in Same Security Exceeds 5% of Value</u>							
Schwab Government Money FD Inv SHS	Money market fund	Purchases	\$ 1,158,729	\$ -	\$ 1,158,729	\$ 1,158,729	\$ -
<u>IV. Series of Transactions with or in Conjunction with the Same Person with whom any Prior Single 5% Security Transaction Took Place</u>							
None.							

The accompanying notes are an integral part of these schedules.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

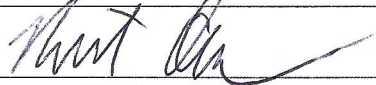
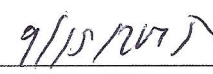
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MARY CARIOLA CHILDRENS CENTER, INC.	D Employer Identification Number (EIN) 16-0771078	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	11,004,117	
b Actuarial value	2b	11,169,620	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	60	6,280,314	6,280,314
b For terminated vested participants	153	5,433,843	5,433,843
c For active participants	61	3,345,105	3,350,201
d Total	274	15,059,262	15,064,358
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.19%	
6 Target normal cost			
a Present value of current plan year accruals	6a		
b Expected plan-related expenses	6b		
c Target normal cost	6c		

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	 Date
	Robert H. Danesh	2306374
	Type or print name of actuary	Most recent enrollment number
	Harper Danesh LLC	585-319-4218
	Firm name	Telephone number (including area code)
	399 Alexander Street	
	Rochester NY 14607	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2024
v. 240311

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of <u>15.31</u> %.....	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		115,201
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.35</u> %.....		6,163
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	c Total available at beginning of current plan year to add to prefunding balance.....		121,364
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	0

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	74.14%
15	Adjusted funding target attainment percentage.....	15	74.14%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	71.57%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls									
18 Contributions made to the plan for the plan year by employer(s) and employees:									
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees				
01/10/2024	76,000	0							
04/10/2024	91,000	0							
06/18/2024	147,693	0							
10/08/2024	91,000	0							
04/28/2025	2,000,000	0							
			Totals ▶			18(b)	2,405,693	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	2,230,578

20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3,894,738	402,604	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	402,604	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	402,604	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2,230,578	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,827,974	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
--

Attachment to 2024 Form 5500 Schedule SB

Plan: Retirement Plan for Employees of Mary Cariola Children's Center, Inc.

EIN/PN: 16-0771078/001

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The assumed retirement age is 65.

Schedule SB, Part V – Summary of Plan Provisions

Effective date and plan year	January 1, 1978
Most recent amendment	The plan was mostly recently restated July 15, 2020 to comply with PPA.
Eligibility	All employees are eligible on the first day of the month coincident with or next following the completion of one year of service. Participation was frozen effective May 31, 2006.
Credited service	Prior to January 1, 1994: 1/12 th of a year of Credited Service for each month of participation during which an hour of service is credited. On or after January 1, 1994: One year of Credited Service for each plan year of participation during which 1,000 hours of service are credited, with a partial year of Credited Service for the year of termination based on the ratio of hours of service to 1,000 (not to exceed 1.0). Credited service was frozen effective May 31, 2006.
Normal retirement	Eligibility – Age 65 Amount of Benefit – 1.5% of final average earnings times Credited Service plus .25% of final average earnings in excess of Covered Compensation times credited service (up to 35 years) Final average earnings are the average of the three highest consecutive calendar years within the last 10 calendar years of employment.
Normal Form of Annuity	Life annuity increased annually by the increase in the Consumer Price Index. Each increase is limited to six percent.

Early retirement	<p>Eligibility – Age 55</p> <p>Amount of Benefit –</p> <ul style="list-style-type: none"> • Less than 25 years of Credited Service – Accrued benefit reduced by 1/180th for each of the first 60 months plus 1/360th for each of the next 60 months that retirement precedes benefit commencement • 25 or more years of Credited Service – Accrued benefit without reduction 														
Deferred vested benefit	<p>Eligibility – Age 55 or three years of Vesting Service</p> <p>Amount of Benefit – Portion of accrued benefit according to service:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>Vesting Service</u></th> <th style="text-align: center;"><u>Vested Percentage</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">2 or less</td> <td style="text-align: center;">0%</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">20</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">40</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">60</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">80</td> </tr> <tr> <td style="text-align: center;">7 or more</td> <td style="text-align: center;">100</td> </tr> </tbody> </table> <p style="text-align: center;">Accrued benefit is 100% vested at age 55 regardless of service</p>	<u>Vesting Service</u>	<u>Vested Percentage</u>	2 or less	0%	3	20	4	40	5	60	6	80	7 or more	100
<u>Vesting Service</u>	<u>Vested Percentage</u>														
2 or less	0%														
3	20														
4	40														
5	60														
6	80														
7 or more	100														
Disability benefit	<p>Eligibility – Age 55 with ten years of Credited Service and eligible for and receiving Social Security disability benefits</p> <p>Amount of Benefit – Accrued benefit reduced for commencement prior to Normal Retirement</p>														
Death benefit	<p>Eligibility – A life annuity is payable to the surviving spouse of a Member whose death occurs after completing at least three years of Vesting Service, but prior to retirement.</p> <p>Amount of Benefit – Amount payable to the surviving spouse assumes participant survived to earliest retirement date, elected the 66 2/3% joint and survivor annuity with 120 months guaranteed, and then died.</p> <p>If an unmarried participant dies after attaining age 55, each eligible child shall receive a benefit calculated as if the participant had elected the life annuity with 120 monthly payments guaranteed option the day before his death.</p>														

RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.

EMPLOYER IDENTIFICATION NUMBER 16-0771078

PLAN NO. 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FOR THE YEAR ENDED DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or <u>Similar Party</u>	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral <u>Par or Maturity Value</u>	(d) <u>Cost</u>	(e) Current <u>Value</u>
MONEY MARKET FUNDS:				
*	Charles Schwab Bank	Money market fund	\$ 54,777	\$ 54,777
	Schwab Government Money Fd Inv Shares	Money market fund	<u>799,758</u>	<u>799,758</u>
			<u>854,535</u>	<u>854,535</u>
U.S. GOVERNMENT AND AGENCY DEBENTURES:				
	Federal Farm Credit Bank	\$165,000; 4.300%; Due 11/24/28	211,055	164,185
	Federal Farm Credit Bank	\$160,000; 4.750%; Due 1/16/29	210,670	161,822
	Federal Home Loan Bank	\$150,000; 5.000%; Due 9/28/29	-	153,425
	U.S. Treasury Bond	\$180,000; 6.25% Due 5/15/30	259,056	195,300
	U.S. Treasury Notes	\$390,000; 1.875%; Due 2/15/32	346,539	328,206
	U.S. Treasury Notes	\$250,000; 1.625%,	255,560	210,977
	U.S. Treasury Notes	\$265,000; 3.5%; Due 2/15/33	260,225	246,616
	US Treasury	100,000.000; 4.5%; Due 5/15/38	102,521	98,453
	New York State Env	\$40,000; 3.066%; Due 6/15/26	44,187	39,305
	New York State Urb Dev Co	\$50,000; 3.320%; Due 3/15/29	<u>55,720</u>	<u>47,698</u>
			<u>1,745,533</u>	<u>1,645,987</u>
MORTGAGE BACKED SECURITIES:				
	Fannie Mae	\$150,000; 6.625%; Due 11/15/30	233,058	165,759
	FHLMC SD8090	\$155,724.450; 2.000%; Due 9/01/50	161,025	122,246
	FNMA Pool AY1320	\$21,915.330; 3.000%; Due 3/01/35	-	20,068
	FNMA Pool MA4136	\$143,369,310; 2.000%; Due 9/01/50	147,202	109,740
	FNMA Pool 255111	\$767.140; 5.500%; Due 3/01/34	-	774
	FNMA Pool 555591	\$653.940; 5.500%; Due 7/01/33	54,043	661
	FNMA Pool 806675	\$5,311.020; 5.500%; Due 12/01/34	-	5,445
	Freddie Mac	\$205,000.000; 6.7%	294,255	228,497
	GNMA Pool 482764	\$76.270; 6.500%; Due 10/15/28	-	77
	GNMA Pool 780570	\$57.820; 7.000%; Due 5/15/2027	-	58
	GNMA Pool 781276	\$227.080; 6.500%; Due 4/15/31	-	234
	Fannie Mae	\$13,513.030; 1.250%; Due 3/25/43	91,144	10,844
	Federal National Mortgage	\$22,428.110; 1.250%; Due 4/25/43	-	17,766
	FNMA REMIC Trust 2006-36	\$590.780; 0.000%; Due 5/25/36	-	524
	FNMA REMIC Trust 2013	\$5,832.85; 2.500%; Due 12/25/42	-	4,367
	GNMA	\$177,639.600; 1.500%; Due 1/20/51	180,390	131,187
	GNMA REMIC Trust 2006-26	\$1,828.560; 0.000%; Due 6/20/26	-	1,508
	GNMA REMIC Trust 2012-98	\$18,525.340; 0.000%; Due 01/01/98	<u>72,585</u>	<u>17,459</u>
			<u>1,233,702</u>	<u>837,214</u>

(Continued)

RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.

EMPLOYER IDENTIFICATION NUMBER 16-0771078

PLAN NO. 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FOR THE YEAR ENDED DECEMBER 31, 2024

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
CORPORATE BONDS AND OBLIGATIONS:				
	Anheuser-Busch	\$50,000; 4.000%; Due 4/13/28	53,999	49,115
	Apple Inc.	\$60,000; 2.200%; Due 9/11/29	59,386	53,847
	AT&T Inc.	\$30,000; 4.300%; Due 2/15/30	35,718	29,001
	Bank of America	\$50,000; 0.000%; Due 2/5/26	50,676	50,052
	Blackrock Inc.	\$20,000; 3.250%; Due 4/30/29	22,910	18,872
	Comcast Corporation	\$30,000; 3.1500%; Due 2/15/28	33,009	28,588
	CVS Health Corp	\$25,000; 3.625%; Due 4/1/27	27,779	24,230
	General Mills Inc.	\$30,000; 4.200%; Due 4/17/28	35,985	29,376
	JPMorgan Chase	\$55,000; 3.625%; Due 12/01/27	58,119	53,418
	Key Corp	\$30,000; 4.150%; Due 01/01/25	34,612	29,831
	Microsoft Corp.	\$15,000; 3.300%; Due 2/06/27	17,301	14,681
	Norfolk Southern	\$30,000; 2.550%; Due 01/01/29	29,577	27,047
	Pepsi Co.	\$50,000; 3.900%; Due 7/18/32	48,120	46,718
	Southern Company	\$60,000; 3.250%; Due 7/01/26	62,263	58,708
	Stryker Corp	\$75,000; 1.950%; Due 01/01/30	63,910	64,290
	The Home Depot	\$30,000; 2.500%; Due 4/15/27	33,221	28,710
	US Bankcorp	\$30,000; 3.100%; Due 4/27/26	33,567	29,311
	Unitedhealth Group	\$50,000; 4.200%; Due 5/15/32	48,109	46,790
	Verizon Communications	\$60,000; 4.329%; Due 9/21/28	71,331	58,773
	VISA Inc.	\$50,000; 2.750%; Due 9/15/27	51,979	47,850
	Walt Disney Co.	\$50,000; 1.850%; Due 7/30/26	49,551	47,939
	Wells Fargo & Co.	\$60,000; 4.150%; Due 1/24/29	64,688	57,931
			985,810	895,078
MUTUAL FUNDS AND EXCHANGE TRADED FUNDS (ETFS):				
	Vanguard Core Bond Admiral Shares	7,829.993 shares	168,227	138,591
	Vanguard GNMA Fund Admiral Shares	93,287.348 shares	933,736	850,781
	First Trust Preferred Sec Income ETF	9,584.000 shares	178,009	169,637
	iShares Core S&P Midcap Index	8,656.000 shares	330,996	539,355
	iShares Core S&P SmallCap Index	4,489.000 shares	343,125	517,223
	iShares iBoxx Invnt Grade Corp Bd Fund	2,830.000 shares	389,225	302,357
	iShares MSCI ACWI ETF	18,850.000 shares	857,252	983,216
	JP Morgan Chase Financial	7,500.000 shares	209,250	221,325
	SPDR Gold Shares EFT	933.000 shares	165,844	225,907
	Vanguard Real Estate ETF	2,166.000 shares	172,141	192,947
			3,747,805	4,141,339

(Continued)

RETIREMENT PLAN FOR EMPLOYEES OF MARY CARIOLA CHILDREN'S CENTER, INC.

EMPLOYER IDENTIFICATION NUMBER 16-0771078

PLAN NO. 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FOR THE YEAR ENDED DECEMBER 31, 2024

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
COMMON STOCK:				
	Abbott Laboratories	424.000 shares	43,631	47,959
	Air Prods & Chems Inc	226.000 shares	56,379	65,549
	Alphabet Inc - CL C	605.000 shares	48,676	115,216
	Amazon Inc.	905.000 shares	125,345	198,546
	Amgen Inc.	231.000 shares	56,821	60,208
	Anglo Amern PLC ADS	4,660.000 shares	77,202	68,735
	Apple Com Inc.	759.000 shares	86,281	190,069
	Bank of America Corp	1,903.000 shares	47,693	83,637
	Berkshire Hathaway Inc. - CL B	176.000 shares	34,012	79,777
	Boeing Co.	683.000 shares	118,921	120,891
	Chevron Corporation	236.000 shares	25,644	34,182
	Chubb Ltd.	171.000 shares	24,224	47,247
	Constellation Brands Inc. - A	228.000 shares	42,883	50,388
	Crowdstrike Hldgs In	109.000 shares	24,136	37,295
	Devon Energy Corp	1,862.000 shares	86,838	60,943
	Eaton Corporation plc	250.000 shares	48,308	82,968
	Exxon Mobil Corp.	322.000 shares	18,605	34,638
	General Dynamics Corp.	154.000 shares	23,072	40,577
	Goldman Sachs Group Inc.	93.000 shares	29,886	53,254
	Home Depot Inc.	127.000 shares	35,256	49,402
	Intuitive Surgical	147.000 shares	29,388	76,728
	JP Morgan Chase & Co.	211.000 shares	21,173	50,579
	Johnson & Johnson	500.000 shares	75,675	72,310
	Mastercard Inc. - A	133.000 shares	42,034	70,034
	McDonald's Corp.	204.000 shares	42,013	59,138
	Microsoft Corp	403.000 shares	90,553	169,865
	Nextera Energy Inc.	801.000 shares	55,122	57,424
	Nvidia Corp.	675.000 shares	9,820	90,646
	Palo Alto Networks	257.000 shares	22,389	46,764
	Pepsico Inc.	267.000 shares	37,726	40,600
	PNC Financial Services Group	280.000 shares	30,731	53,998
	Proctor and Gamble Co.	346.000 shares	44,007	58,007
	ServiceNow Inc.	91.000 shares	40,569	96,471
	TJX Companies Inc.	386.000 shares	21,259	46,633
	Taiwan Semiconductor MFG Co	154.000 shares	16,384	30,413
	Terex Corp.	961.000 shares	51,346	44,417
	Tesla Motors Inc	276.000 shares	54,051	111,460
	Unitedhealth Group Inc	147.000 shares	72,378	74,361
	Universal Display Group	129.000 shares	21,026	18,860
	Wal-Mart Stores Inc.	830.000 shares	38,485	74,991
	Walt Disney Co.	742.000 shares	81,717	82,622
	Wells Fargo & Co.	856.000 shares	45,996	60,125
	Zoetis Inc.	247.000 shares	40,184	40,244
			2,037,839	3,048,171
			\$ 10,605,224	\$ 11,422,324

The accompanying notes are an integral part of these schedules.

Attachment to 2024 Form 5500 Schedule SB

Plan: Retirement Plan for Employees of Mary Cariola Children's Center, Inc.

EIN/PN: 16-0771078/001

Schedule SB, Line 32 – Schedule of Amortization Bases

<u>Type</u>	<u>Present value of remaining installments</u>	<u>Date established</u>	<u>Years remaining</u>	<u>Amortization</u>
Shortfall	\$2,566,351	1/1/2021	12	\$273,792
Shortfall	\$286,180	1/1/2022	13	\$28,795
Shortfall	\$1,164,508	1/1/2023	14	\$111,144
Shortfall	\$(122,301)	1/1/2024	15	\$(11,127)